

E&C O&I Subcommittee

MACRA

The SGR's unrealistic expectations of spending and efficiency affected the healthcare profession and Medicare beneficiaries for nearly 17 years before its repeal. At the time, physicians were facing a 24 percent cut to Medicare payment rates, until Congress stepped in to provide a more sustainable reimbursement system for American physicians.

The Medicare Access and CHIP Reauthorization Act (MACRA) introduced a new merit-based incentive payment system and processes to adopt alternative payment models (APMs).

This new system shifted our approach to physician payment: paying providers based on quality, value, and the results of the care delivered rather than the number of services provided.

I have dedicated a large part of my congressional career to replacing the SGR, and the enactment of the Medicare Access and CHIP Reauthorization Act in 2015 (MACRA) was a major milestone that was supported by over 800 health care organizations.

This legislation was the result of bipartisan, multi-committee negotiations that produced legislative responses to some of our nation's most pressing health care issues.

It is important to note that we were solving the “problems of the time,” and our shared goal was to help

doctors, Medicare providers, and their patients be relieved from the constant threat of payment cuts.

The repeal of the SGR took me 13 years from start to finish, and with a product as comprehensive and complex as MACRA, it was shortsighted of Congress to assume that the need for oversight would stop after the passage of the law. I thank the Chairman for this opportunity to examine what worked and what didn't work, the agency's role in implementation, and how we can make it easier for a provider to practice in our health care system.

Our work is far from done, providers deserve long term financial stability and patients deserve access to the best care possible.